

<i>SERFF Tracking Number:</i>	<i>AFLA-126202569</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>42850</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Indemnity</i>		
<i>Project Name/Number:</i>	<i>A761ESAR/A761ES</i>		

## Filing at a Glance

Company: American Family Life Assurance Company of Columbus		
Product Name: Cancer Indemnity	SERFF Tr Num: AFLA-126202569	State: ArkansasLH
TOI: H071 Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed	State Tr Num: 42850
Sub-TOI: H071.002A Dread Disease - Cancer Only	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form/Rate	Co Status:	Reviewer(s): Rosalind Minor
	Author: Connie Gates	Disposition Date: 07/10/2009
	Date Submitted: 07/07/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: A761ESAR	Status of Filing in Domicile: Authorized
Project Number: A761ES	Date Approved in Domicile: 05/21/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/10/2009	Explanation for Other Group Market Type:
	State Status Changed: 07/10/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
RE: Cancer Indemnity Policy Form A761ESAR, Union Application Form A76002UAR and Outline of Coverage Form A76125ESAR.	

The above referenced forms are submitted for your review and approval. Nebraska, our state of domicile has approved

SERFF Tracking Number: AFLA-126202569 State: Arkansas  
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similar versions of these forms on May 21, 2009.

Cancer Indemnity Policy Form A761ESAR is identical to Cancer Indemnity Policy Form A76100AR, which was approved on June 28, 2007, with the exception of lower benefit amounts. The policy contains an Initial Treatment Benefit and multiple other benefits for the treatment of cancer or associated cancerous conditions. The Initial Treatment Benefit will pay \$1,000 the first time a Covered Person receives one of the following: Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy. This policy provides the following benefits: Cancer Treatment, Hospitalization, Continuing Care, Ambulance, Transportation, and Lodging, and Premium Waiver and Related Benefits. Issue ages will be 18-70 on payroll and union and 18-64 on nonpayroll. Please refer to the actuarial memorandum for exceptions.

Union Application Form A76002UAR will be used to make application for Policy Forms A761ESAR and A76100AR, and optional riders on a union basis.

Outline of Coverage Form A76125ESAR will be delivered at the time of application and is self-explanatory.

I certify that the following forms comply with the requirements of Arkansas Statute Annotated- Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

I certify that this submission meets the minimum reading ease score for the FLESCH test and that the scores for each form are as follows:

FLESCH Score	Grade Level
Policy Form A761ESAR	50.385 10
Union Application Form A76002UAR	53.124 9
Outline of Coverage Form A76125ESAR	51.002 9

I certify that the forms submitted herewith meet the applicable provisions of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

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The following forms, which were previously approved on June 28, 2007, with Cancer Indemnity Policy Form A76100AR, will also be used with Policy Form A761ESAR: Initial Diagnosis Benefit Rider Form A76050, Cancer Screening and Annual Care Benefit Rider A76051, Specified Disease Benefit Rider Form A76052AR, Return of Premium Benefit Rider Form A76053, Payroll Application Forms A76001AR and A76004AR, Nonpayroll Application Forms A76002AR and A76005AR, and Request For Change/Application For Reinstatement And/Or Additions Form A76003RAR approved on October 19, 2007.

The following forms, which were previously approved on June 28, 2007, with Cancer Indemnity Policy Form A77100AR, will also be used with Policy Form A761ESAR: Cancer History Forms A76030D and A76030P will be completed if the applicant has previously had an internal malignancy. Payroll Cancer History Form A76030P will be completed by the applicant and Non-Payroll Cancer History Form A76030D will be completed by the applicant and their physician. Skin Cancer Exclusion Rider A76131AR will be used when an applicant has had skin cancer within the last five years (10 years on nonpayroll). Removal of Skin Cancer Exclusion Rider Form A76130 will be used to remove a skin cancer exclusion rider from the policy if the insured has been Skin Cancer treatment free for five years (10 years on nonpayroll). Endorsement Form A7636 will be used when an applicant has to name a dependent who is incapable of self-support by reason of mental or physical handicap.

An actuarial memorandum and rate sheets are enclosed for your review and approval. These rates will be in addition to the previously approved rates for payroll and nonpayroll. The appropriate filing fee and accompanying fee certification form are enclosed. The FLESCH certification is included in the body of the filing letter which has been signed by an officer.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

This filing was prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, fax her at (706) 660-7080 or email her at [cgates@aflac.com](mailto:cgates@aflac.com).

SERFF Tracking Number: AFLA-126202569 State: Arkansas

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Product Name: Cancer Indemnity

Project Name/Number: A761ESAR/A761ES

## Company and Contact

### Filing Contact Information

Connie Gates, Policy Analyst cgates@aflac.com  
 1932 Wynnton Road (706) 596-5048 [Phone]  
 Columbus, GA 31999 (706) 660-7080[FAX]

### Filing Company Information

American Family Life Assurance Company of Columbus CoCode: 60380 State of Domicile: Nebraska  
 1932 Wynnton Road Group Code:  
 Columbus, GA 31999 Group Name: Company Type: Life and Health  
 (706) 323-3431 ext. [Phone] FEIN Number: 58-0663085  
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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$50.00	07/07/2009	29024314

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/10/2009	07/10/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/09/2009	07/09/2009	Connie Gates	07/10/2009	07/10/2009

<i>SERFF Tracking Number:</i>	<i>AFLA-126202569</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 07/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLA-126202569 State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Cancer Indemnity Policy	Approved-Closed	Yes
Form	Union Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

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Product Name: Cancer Indemnity  
Project Name/Number: A761ESAR/A761ES

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/09/2009  
Submitted Date 07/09/2009

Respond By Date

Dear Connie Gates,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Indemnity Policy (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/10/2009  
Submitted Date 07/10/2009

Dear Rosalind Minor,

### Comments:

Cancer Indemnity Policy Form A761ESAR

### Response 1

Comments: Please refer to Part 4, page 9 letter N. REFUND OF UNEARNED PREMIUMS.

State: *Arkansas*

State Tracking Number: 42850

Sub-TOI: *H07I.002A Dread Disease - Cancer Only*

Project Name/Number: A761ESAR/A761ES

Comment:

Created by SERFF on 07/10/2009 09:50 AM

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Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42850

Company Tracking Number:

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## Form Schedule

**Lead Form Number:** A761ESAR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	A761ESAR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	A761ESAR.pdf
Approved-Closed	A76002UAR	Application/ Union Enrollment Form	Initial		53	A76002UAR.pdf
Approved-Closed	A76125ESAR	Outline of Coverage	Initial		51	A76125ESAR.pdf

## **CANCER INDEMNITY LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

**IMPORTANT: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.**

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (Aflac)**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

### **CONSIDERATION**

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

### **YOUR RIGHT TO EXAMINE THIS POLICY**

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return the policy, please note in writing: "This policy is returned for cancellation and refund of premium."

### **IMPORTANT NOTICE**

**Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.**

**THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.**

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term.

Aflac may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as reflected in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)  
CLIENT SERVICES AND ADMINISTRATION  
WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999  
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY, CALL 1-800-99-AFLAC (1-800-992-3522).  
FOR CLAIM FORMS, VISIT OUR WEB SITE AT AFLAC.COM.  
If we at Aflac, fail to provide you with reasonable and adequate service,  
you should feel free to contact:  
ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION  
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904  
Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494.**

## INDEX

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### Policy Schedule

**NAMED INSURED:** John A. Doe

**POLICY NUMBER:** 111-2222

**TYPE OF COVERAGE:** Individual

**COVERAGE:** XXXXXX  
AAABBB

**MODE OF PAYMENT:** Monthly

**PREMIUMS:**

Cancer Policy:	\$XX.xx
Initial Diagnosis Rider:	\$XX.xx
Cancer Screening and Annual Care Rider:	\$XX.xx
Specified-Disease Rider:	\$XX.xx
Return of Premium Rider:	\$XX.xx

**EFFECTIVE DATES:**

Cancer Policy:	XX/XX/XX
Initial Diagnosis Rider:	XX/XX/XX
Cancer Screening and Annual Care Rider:	XX/XX/XX
Specified-Disease Rider:	XX/XX/XX
Return of Premium Rider:	XX/XX/XX

**BENEFIT AMOUNT:**

XX.xx
XX.xx
XX.xx
XX.xx
XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

This is a legal contract between you and Aflac.  
**READ YOUR POLICY CAREFULLY.**

**Part 1**  
**DEFINITIONS**

- A. ACTIVITIES OF DAILY LIVING (ADLs):** activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

- B. ASSOCIATED CANCEROUS CONDITION:** myelodysplastic blood disorder, myeloproliferative blood disorder, or carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

- C. AMBULATORY SURGICAL CENTER:** facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

- D. BONE MARROW TRANSPLANTATION:** harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**

- E. CALENDAR MONTH:** one of the 12 divisions of a year as determined by the Gregorian calendar.

- F. CALENDAR WEEK:** Sunday through Saturday of the same week.

- G. CALENDAR YEAR:** January 1 through December 31 of the same year.

- H. CANCER:** disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes, but is not limited to, leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

1. **INTERNAL CANCER:** all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).
2. **NONMELANOMA SKIN CANCER:** a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

**Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.**

**I. CHEMOTHERAPY:**

1. **INJECTED CHEMOTHERAPY:** medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.
2. **NONHORMONAL ORAL CHEMOTHERAPY:** medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroy cancerous tissue.
3. **HORMONAL ORAL CHEMOTHERAPY:** medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.

**J. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family. See Type of Coverage definition.

**K. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are: (1) unmarried; (2) under age 25; and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 25 at the time of application to be eligible for coverage.** Coverage will include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 25 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 25th birthday.

**L. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.

**M. HOSPICE:** licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons and their families. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

**N. HOSPITAL:** legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" also includes Ambulatory Surgical Centers. The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a

facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

- O. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; and spouses, as applicable, of any of these.
- P. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- Q. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- R. PHYSICIAN:** a person legally qualified to practice medicine, other than a member of your Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.
- S. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

A clinical diagnosis of Cancer or an Associated Cancerous Condition will be accepted as evidence that Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Cancer or an Associated Cancerous Condition and the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.

- T. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- U. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**
- V. TYPE OF COVERAGE:** see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.
  - 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
  - 2. Named Insured/Spouse Only:** coverage for you and your spouse. "Your spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date of the filing of the petition, must be added by endorsement.

Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the 30th day following the Effective Date of their endorsement. If this is an Individual or Named Insured/Spouse Only policy, newborn children are automatically covered from the moment of birth, and adopted children are covered from the date of the filing of the petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 90 days of the child's birth or the date the petition for adoption is filed or before the next premium due date, whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If this is a One-Parent Family or a Two-Parent Family policy, it is not necessary to notify Aflac of the birth or date of the filing of the petition for adoption of a child, and no additional premium will be required for coverage of newborns or adopted children. If you wish any other person to be covered after the Effective Date of the policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the anniversary date of this policy following the Dependent Child's 25th birthday, on the date the child marries, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. You must notify Aflac, in writing, of any changes that will affect the Type of Coverage. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other unmarried Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated while he or she was covered and before he or she reached age 25. Proof of continued incapacity and dependency must be furnished at Aflac's request, but not more often than annually, after the two-year period following the child's 25th birthday.

**Part 2**  
**LIMITATIONS AND EXCLUSIONS**

- A. We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); or any other disease, sickness, or incapacity.
- B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.

**Part 3**  
**RIGHT OF CONVERSION**

- A. **DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution and your ex-spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-spouse's coverage will terminate. Your ex-spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your spouse, if alive and covered under this policy, will become the Named Insured. No waiting period is required except to the extent that such period has not been satisfied by that person under this policy.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for a Cancer policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the anniversary date of this policy following the date he or she is no longer considered a Dependent Child. No waiting period is required for such person unless the waiting period under this policy has not been satisfied. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

**Part 4**  
**UNIFORM PROVISIONS**

- A. **ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, and riders, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the President and Secretary of Aflac at our

worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.

- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of this policy, any misstatements, except fraudulent misstatements, made by you in the application will not be used to void this policy or to deny a claim for care commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from our associate (duly licensed agent) or from Aflac. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date of your application, your policy will be deemed reinstated. The reinstated policy will cover loss resulting only from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed more than ten days after the date of reinstatement. In all other respects, you and Aflac will have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters or to our associate (duly licensed agent). Notice of claim should include the name of the Covered Person and the policy number.
- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not given to you within ten working days, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.

- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after three years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** If a person is covered under more than one Cancer policy or rider with us, only one Aflac policy chosen by you or your estate, as the case may be, will be effective. We will pay benefits under the policies for claims that may have been incurred since their respective Effective Dates. We will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

## **Part 5**

### **ELIGIBILITY FOR BENEFITS**

- A.** If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy, and if Cancer or an Associated Cancerous Condition is diagnosed after the 30-day waiting period (subject to Part 2B, Limitations and Exclusions). The "diagnosis date" is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The "diagnosis date" is not the date the diagnosis is communicated to the Covered Person.
- B.** If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage.
- C.** Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer. No benefits will be payable for losses incurred prior to the 30th day after the Effective Date shown in the Policy Schedule.**

## **Part 6** **BENEFITS**

All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

### **A. CANCER TREATMENT BENEFITS:**

**1. DIRECT NONSURGICAL TREATMENT BENEFITS: All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit A1c).**

- a. INITIAL TREATMENT BENEFIT:** Aflac will pay \$1,000 (one thousand dollars) the first time a Covered Person receives one or more of the following: Radiation Therapy Benefits, Injected Chemotherapy Benefits, or Oral Chemotherapy Benefits. Lifetime maximum benefit of \$1,000 per Covered Person.
- b. INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$450 (four hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.
- c. ORAL CHEMOTHERAPY BENEFITS:**
  - (i) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Non-Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
  - (ii) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 (fifty dollars) per Calendar Month, during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments

include, but are not limited to, Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as Tamoxifen.

**Oral Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. Total benefits are payable for up to three different Oral Chemotherapy medicines per Calendar Month, up to a maximum of \$600 (six hundred dollars) per Calendar Month. Refills within the same Calendar Month, are not considered a different Chemotherapy medicine. No lifetime maximum.**

- d. **RADIATION THERAPY BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- e. **EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer treatments. Aflac will pay \$75 (seventy five dollars) once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer treatments as part of a clinical trial which does not charge patients for inclusion.

Treatments must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the treatment is incurred. No lifetime maximum.

**2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.**

- a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$1,250 (one thousand two hundred fifty dollars) per Covered Person.

**Any medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy Benefit, or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.**

- b. **ANTI-NAUSEA BENEFIT:** Aflac will pay \$75 (seventy five dollars) per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the

Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$5,000 (five thousand dollars) when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$5,000 (five thousand dollars) per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$5,000 (five thousand dollars) when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 (five hundred dollars) for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$5,000 (five thousand dollars) per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$75 (seventy five dollars) times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$125 (one hundred twenty five dollars) for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, anti-hemophilia factors, or colony-stimulating factors. No lifetime maximum.

### **3. SURGICAL TREATMENT BENEFITS:**

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the following Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

**EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit A3b. Reconstructive Surgery will be payable under Benefit C7.**

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$3,125 (three thousand one hundred twenty five dollars). No lifetime maximum on the number of operations.

## SCHEDULE OF OPERATIONS

### ABDOMEN

Paracentesis .....	\$ 70
Exploratory laparotomy.....	265

### BLADDER

Cystoscopy.....	70
TUR bladder tumors .....	265
Cystectomy	
(partial) .....	450
(complete) .....	900
(with ureteroileal conduit)....	1,800

### BRAIN

Burr holes not followed by surgery.....	350
Ventriculoperitoneal shunt .....	350
Exploratory craniotomy .....	750
Excision brain tumor .....	1,750
Hemispherectomy .....	2,500

### BREAST

Needle biopsy.....	70
Cutting operation biopsy.....	140
Lumpectomy.....	175
Mastectomy	
(partial) .....	265
(simple).....	350
(radical) .....	525

### CERVIX

D & C .....	90
Colposcopy .....	90
Vaginal hysterectomy/ uterus only .....	265
Oophorectomy.....	265
Abdominal hysterectomy/ uterus only .....	450
uterus, tubes & ovaries .....	875
with partial exenteration .....	1,500
with complete exenteration..	2,500

### CHEST

Thoracentesis.....	70
Bronchoscopy .....	150
Mediastinoscopy.....	150
Thoracostomy .....	150
Thoracotomy .....	350
Wedge resection .....	600

Lobectomy .....	750
Pneumonectomy .....	1,050

### ESOPHAGUS

Esophagoscopy.....	140
Esophagogastrectomy .....	750
Resection of esophagus.....	1,000

### EYE

P32 uptake.....	125
Enucleation .....	250

### INTESTINES

Sigmoidoscopy.....	70
Proctosigmoidoscopy .....	70
Colonoscopy (does not include virtual) .....	140
Cutting operation on rectum for biopsy.....	140
Colostomy/or revision of.....	175
ERCP .....	175
Ileostomy.....	175
Colectomy .....	450
Resection of small intestine.....	1,050
Abdominal-perineal approach for removal of cancer of sigmoid colon or rectum .....	1,250

### KIDNEY

Nephrectomy	
(simple) .....	1,050
(radical) .....	1,800

### LIVER

Needle biopsy .....	70
Wedge biopsy .....	175
Resection of liver	
(partial) .....	500
(complete) .....	1,250

### LYMPHATIC

Excision of lymph nodes.....	90
Splenectomy .....	350
Axillary node dissection .....	350
Lymphadenectomy	
(unilateral) .....	350
(bilateral) .....	450

**MANDIBLE**

Mandibulectomy ..... 700

**MISCELLANEOUS**Peripherally inserted  
central catheter (PICC)..... 70Bone marrow biopsy  
or aspiration..... 70Venous-catheters/venous port.  
for chemotherapy..... 70

Pathological fracture..... 200

Cholecystectomy ..... 350

Pathological hip fracture ..... 440

**MOUTH**

Hemiglossectomy ..... 175

Tonsil/mucous membrane ..... 265

Glossectomy ..... 350

Resection of palate..... 350

**PANCREAS**

Jejunostomy ..... 450

Pancreatectomy ..... 1,050

Whipple procedure ..... 1,800

**PENIS**Amputation  
(partial) ..... 175

(complete) ..... 350

(radical) ..... 450

**PROSTATE**

Needle biopsy..... 70

Cystoscopy..... 70

TUR prostate..... 265

Radical prostatectomy..... 700

**RADIUM IMPLANTS**

Insertion ..... 500

Removal..... 250

**SALIVARY GLANDS**

Biopsy ..... 175

Parotidectomy ..... 350

Radical neck dissection..... 900

**SPINE**

Cordotomy ..... 265

Laminectomy..... 450

**STOMACH**

Gastrosocopy..... 150

Gastrojejunostomy ..... 450

Gastrectomy  
(partial) ..... 450

(complete) ..... 700

**TESTIS**Orchiectomy  
(unilateral) ..... 175

(bilateral) ..... 245

**THROAT**

Laryngoscopy..... 150

Tracheostomy ..... 150

Laryngectomy  
(without neck dissection) .... 450  
(with neck dissection) ..... 900**THYROID**Thyroidectomy  
(partial: one lobe)..... 265

(total: both lobes)..... 350

**VULVA**Vulvectomy  
(partial) ..... 265

(complete) ..... 525

(radical) ..... 700

- b. SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$300 (three hundred dollars). No lifetime maximum on the number of operations.

Laser or Cryosurgery

\$ 25

**Surgeries OTHER THAN Laser or Cryosurgery:**

Biopsy	50
Excision of lesion of skin without flap or graft	125
Flap or graft without excision	190
Excision of lesion of skin with flap or graft	300

**B. HOSPITALIZATION BENEFITS:**

**1. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):**

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$150
Dependent Child	\$200

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit B1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$300
Dependent Child	\$350

**EXCEPTION: A person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.**

- 2. OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$150 (one hundred fifty dollars). For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$150 (one hundred fifty dollars). No lifetime maximum on number of operations.

**This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.**

**C. CONTINUING CARE BENEFITS:**

- 1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit B1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 (seventy five dollars) per day when a charge is incurred for such

continued confinement. For each day this benefit is payable, benefits under Benefit B1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit B1 and is confined as an inpatient to the Extended Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$75 (seventy five dollars) when a charge is incurred for each such visit, subject to the following conditions:
- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
  - b. This benefit is limited to ten visits per hospitalization for each Covered Person.
  - c. This benefit is limited to 30 visits in any Calendar Year for each Covered Person.
  - d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
  - e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**This benefit is not payable the same day the Hospice Care Benefit is payable.**

- 3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition, (hereinafter referred to as "Terminally Ill") Aflac will pay a one-time benefit of \$1,000 (one thousand dollars) for the first day the Covered Person receives Hospice care and \$50 (fifty dollars) per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000 (twelve thousand dollars).
- 4. NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$75 (seventy five dollars) per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the

attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$1,500 (one thousand five hundred dollars) when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$3,000 (three thousand dollars) per Covered Person.

**The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.**

6. **PROSTHESIS NONSURGICAL BENEFIT:** Aflac will pay \$125 (one hundred twenty five dollars) per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$250 (two hundred fifty dollars) per Covered Person.

7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000 (three thousand dollars). No lifetime maximum on number of operations.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	\$3,000
Breast Reconstruction	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

#### **D. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:**

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** If a Covered Person requires treatment for Cancer or an Associated Cancerous Condition that has been prescribed by the attending Physician, Aflac will pay 50 cents per mile, up to a maximum of \$1,500 (one thousand five hundred

dollars) for transportation of the Covered Person and a companion, limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. If commercial travel (coach-class plane, train, or bus fare) is necessary, we will pay for one additional person to accompany the Covered Person. If the treatment is for a covered Dependent Child and commercial travel is necessary, Aflac will pay for up to two adults to accompany the covered Dependent Child.

**THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

3. **LODGING BENEFIT:** Aflac will pay \$80 (eighty dollars) per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

**E. PREMIUM WAIVER AND RELATED BENEFITS:**

1. **WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

2. **CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions:
  - a. Your policy has been in force for at least six months;
  - b. We have received premiums for at least six consecutive months;
  - c. Your premiums have been paid through payroll deduction;
  - d. You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
  - e. You re-establish premium payments through:
    - (1) your new employer's payroll deduction process, or
    - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**



**Application for Cancer Indemnity Insurance (A76000 Series)**  
Application to: American Family Life Assurance Company of Columbus (Aflac)  
Worldwide Headquarters • Columbus, Georgia 31999

<input type="checkbox"/> New
<input type="checkbox"/> Conversion
<input type="checkbox"/> Additional Units
Policy Number: _____

**Please Print in Black Ink – To Be Completed by Proposed Insured**

Proposed Insured's Name \_\_\_\_\_  
Last First MI

DOB \_\_\_\_\_ Sex \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ (optional) \_\_\_\_\_  
Month/Day/Year

Are you applying for Dependent Child(ren) coverage? ☐ Yes ☐ No  
If yes, Dependent Children must be under age 25 at the time of application.

**Write spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no spouse or your spouse is not to be covered, put N/A in the space below.**

Spouse's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Last First MI Month/Day/Year

Address \_\_\_\_\_  
Street or Post Office Box Apt. No.

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ E-Mail Address (optional) \_\_\_\_\_

Billing Name (if different from Proposed Insured): \_\_\_\_\_

Account Name \_\_\_\_\_ Account No. \_\_\_\_\_

Name of Employer \_\_\_\_\_

Is this insurance intended to replace any other health insurance now in force? ☐ Yes ☐ No

If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Do you currently have an active Aflac cancer policy? ☐ Yes ☐ No

If yes, are you:

Changing the Policy Series (conversion)? ☐ Yes ☐ No

If yes, complete Section A.

Adding a new rider? ☐ Yes ☐ No

If yes, complete Section B.

Increasing the benefit amount of an existing rider? ☐ Yes ☐ No

If yes, complete Section C.

Decreasing the benefit amount of an existing rider? ☐ Yes ☐ No

If yes, you must use form H-L0046.

Do you currently have an active Aflac cancer policy that has been in force for 12 months or more? ☐ Yes

☐ No

**TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT**

**Section A – Complete for New Policy or Conversion ONLY**

<b>Check Coverage Desired:</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
<input type="checkbox"/> Policy (Series A761ES)			<input checked="" type="checkbox"/> After -Tax Only	
<input type="checkbox"/> Policy (Series A76100)			<b>POLICY PREMIUM (A):</b>	

Optional Riders:		Rider Premium:
Initial Diagnosis Benefit Rider (Series A76050) <b>Options:</b> <input type="checkbox"/> No rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000		
Cancer Screening and Annual Care Benefit Rider (Series A76051) <b>Options:</b> <input type="checkbox"/> No rider <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$125		
Specified-Disease Benefit Rider (Series A76052) <b>Options:</b> <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider		
Return of Premium Benefit Rider (Series A76053) <b>Options:</b> <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider (Factor amt. _____)		
	<b>TOTAL RIDER PREMIUM (B):</b>	

<p><b>If this is an application for an increase in rider coverage, please indicate the ADDITIONAL units desired.</b></p> <p>Initial Diagnosis Benefit Rider (Series A76050)</p> <p><b>Current Units _____ Additional Units _____ New Total Units _____</b>          (Current Units includes any additional units previously purchased)</p> <p><b>Each unit is equal to \$2,500 in benefit.</b>  <b>Total rider coverage cannot exceed 4 units or \$10,000 of the Initial Diagnosis Benefit Rider.</b></p>		<p><b><u>Additional Units Premium:</u></b></p>
<p>Cancer Screening and Annual Care Benefit Rider (Series A76051)</p> <p><b>Current Units _____ Additional Units _____ New Total Units _____</b>          (Current Units includes any additional units previously purchased)</p> <p><b>Each unit is equal to \$25 in benefit.</b>  <b>Total rider coverage cannot exceed 5 units or \$125 of the Cancer Screening Benefit.</b></p>		
	<p><b>TOTAL ADDITIONAL PREMIUM (C):</b></p>	
	<p><b>TOTAL NEW PREMIUM (A+B+C):</b></p>	

<b>TO BE COMPLETED BY PROPOSED INSURED</b>	
Are you currently working at your primary job with the employer listed on the front of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered No, a policy will not be issued; therefore, do not submit this application.</b>	

**ASSOCIATED CANCEROUS CONDITION:** a myelodysplastic blood disorder, myeloproliferative blood disorder, or carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition is limited to only the conditions listed above.

**CANCER:** a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes, but is not limited to, leukemia, Hodgkin's disease, and melanoma.

**INTERNAL CANCER** means all Cancers other than Nonmelanoma Skin Cancer.

**NONMELANOMA SKIN CANCER** means a Cancer other than a melanoma that begins in the upper part of the skin (epidermis).

**PLEASE COMPLETE THE FOLLOWING QUESTIONS IF APPLYING FOR A NEW POLICY,  
CONVERSION, OR A NEW RIDER**

1. Have you or has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **within the last five years** or received preventive hormonal therapy within the last 12 months?

☐ Yes ☐ No

If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

**Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued.**

**If a child, are any other children to be covered?**

☐ Yes ☐ No

2. Have you or has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **over five years ago**?

☐ Yes ☐ No

If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

**If yes, please complete a Cancer History Form provided by your associate/agent on any individual(s) listed. You are eligible for a maximum of \$5,000 of the Initial Diagnosis Benefit Rider and you are eligible for a maximum of \$75 of the Cancer Screening and Annual Care Benefit Rider. No additional amounts will be issued.**

3. Have you or has anyone to be covered had Nonmelanoma Skin Cancer that was diagnosed or last treated **within the last five years**?

☐ Yes ☐ No

If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

**Any person(s) so designated will be issued a Skin Cancer Exclusion Rider. Benefits will not be payable under this policy for the indicated individual for the treatment of Skin Cancer.**

**If yes, and this is a conversion, the person(s) so designated is not eligible for coverage under the converted policy.**

**Proposed Insured's Initials** \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU WISH TO PURCHASE MORE THAN \$5,000 OF THE INITIAL DIAGNOSIS BENEFIT RIDER OR MORE THAN \$75 OF THE CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER.**

4. Have you or has anyone to be covered received abnormal test results from a Cancer or Associated Cancerous Condition screening within the past 90 days, or are you or anyone to be covered waiting on the results of medical tests for an undiagnosed condition?

☐ Yes ☐ No

5. Have you or has anyone to be covered used tobacco products or products containing nicotine of any type in the last 12 months? ☐ Yes ☐ No

**If the answer to either Question 2, 4, or 5 is yes, you are eligible for a maximum of \$5,000 of the Initial Diagnosis Benefit Rider and you are eligible for a maximum of \$75 of the Cancer Screening and Annual Care Benefit Rider. No additional amounts will be issued.**

**PLEASE COMPLETE NUMBER 6 IF YOU DECLINED ONE OR MORE OF THE OPTIONAL RIDERS.**

6. I acknowledge that I was offered the Optional Riders and declined one or more of them.

**Proposed Insured's Initials** \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTION IF APPLYING FOR THE SPECIFIED-DISEASE RIDER**

7. Have you or has anyone to be covered under this policy ever had adrenal hypofunction (Addison's disease), ALS (amyotrophic lateral sclerosis) or Lou Gehrig's disease, botulism, bubonic plague, cerebral palsy, cholera, cystic fibrosis, diphtheria, encephalitis (including encephalitis contracted from West Nile virus), Huntington's chorea, malaria, meningitis (bacterial), multiple sclerosis, muscular dystrophy, myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio, rabies, Reye's syndrome, scleroderma, sickle-cell anemia, systemic lupus, tetanus, toxic shock syndrome, tuberculosis, tularemia, typhoid fever, variant Creutzfeldt-Jakob disease (mad cow disease), or yellow fever in any form? ☐ Yes ☐ No

If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren): \_\_\_\_\_

**Any person(s) so designated above will not be covered under Specified-Disease Rider Form Series A76052.**

If a child, are any other children to be covered? ☐ Yes ☐ No

**PLEASE COMPLETE THE FOLLOWING QUESTIONS IF APPLYING FOR ADDITIONAL BENEFITS UNDER AN EXISTING INITIAL DIAGNOSIS BENEFIT RIDER AND/OR CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER**

8. Have you or has anyone to be covered ever been diagnosed with or treated for Internal Cancer or an Associated Cancerous Condition? ☐ Yes ☐ No

**If yes, then you are not eligible for additional benefits. Do not submit this application.**

9. Have you or has anyone to be covered had Nonmelanoma Skin Cancer that was diagnosed or last treated within the last five years? ☐ Yes ☐ No

**If yes, then you are not eligible for additional benefits. Do not submit this application.**

10. Have you or has anyone to be covered received abnormal test results from a Cancer or Associated Cancerous Condition screening within the past 90 days, or are you or anyone to be covered waiting on the results of medical tests for an undiagnosed condition? ☐ Yes ☐ No

**If yes, then you are not eligible for additional benefits. Do not submit this application.**

11. Have you or has anyone to be covered used tobacco products or products containing nicotine of any type in the last 12 months? ☐ Yes ☐ No

**If yes, then you are not eligible for additional benefits. Do not submit this application.**

**APPLICANT'S STATEMENTS AND AGREEMENTS**

12. I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium.

13. I understand that unmarried Dependent Children, if any, must be under age 25 at the time of application. Once covered, Dependent Children will continue to be covered until the anniversary date of the policy following their 25th birthday.
14. I acknowledge receipt of, if applicable:
- ☐ *Guide to Health Insurance for People with Medicare*
  - ☐ Replacement Notice
  - ☐ Outline of Coverage
15. I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) the policy, together with this application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance; and (3) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
16. If this is an application for a conversion, the following conditions apply: (a) If Cancer or Associated Cancerous Condition is diagnosed between the date this application is signed and the Effective Date of the policy shown in the Policy Schedule, the policy for which this application is made will be void, and coverage will continue under the terms of the previous policy, which may remain in force. Any benefits that may be due will be paid under the previous policy. (b) The waiting period provision of the new policy will run from the Effective Date of the original policy, and the original policy will be terminated as of the Effective Date of the new policy. Any premium paid on the original policy that is unearned as of the Effective Date of the new policy will be applied to the new policy.
17. I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
18. If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies may have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy and its benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials \_\_\_\_\_

19. I have reviewed the statements and answers I have provided on this application. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties but that material misrepresentations herein may result in loss of coverage under this policy. No person to be insured is covered by any Title XIX programs such as Medicaid.
20. I understand that the purchase of this policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.

**I would prefer to receive an electronic copy of my policy instead of paper.** ☐ Yes ☐ No

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Proposed Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate's/Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Licensed Resident Associate/Agent

Writing Associate/Agent: Please complete the following – it will become part of the policy.  
**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC), CLIENT SERVICES AND  
ADMINISTRATION,  
1932 WYNNNTON ROAD, COLUMBUS, GEORGIA, 31999 TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).**

Associate/Agent's Name \_\_\_\_\_

Associate/Agent's Address \_\_\_\_\_ Telephone \_\_\_\_\_

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:  
**ARKANSAS INSURANCE DEPARTMENT – CONSUMER SERVICES DIVISION**  
**1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS, 72201-1904, TELEPHONE (501) 371-2640 OR**  
**TOLL-FREE 1-800-852-5494.**

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.**  
**FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).**  
**VISIT OUR WEB SITE AT AFLAC.COM.**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE**  
**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

**Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- \* hospitalization
- \* physician services
- \* hospice
- \* outpatient prescription drugs if you are enrolled in Medicare Part D
- \* other approved items and services

**This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.**

**Before You Buy This Insurance**

- \* Check the coverage in **all** health insurance policies you already have.
- \* For more information about Medicare and Medicare Supplement insurance, review the *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available from the insurance company.
- \* For help in understanding your health insurance, contact your state insurance department (website = [www.accessarkansas.org/insurance](http://www.accessarkansas.org/insurance)) or state health insurance assistance program (SHIP Division of Department at 800-224-6330 or email [Insurance.Seniors@Arkansas.gov](mailto:Insurance.Seniors@Arkansas.gov)).

# **AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**

**Worldwide Headquarters: 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999**

**TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

**The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.**

## **LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE**

**Outline of Coverage for Policy Form Series A761ES**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

**If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by Aflac.**

- (1) Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.
- (2) Cancer Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).
- (3)** All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

### **A. CANCER TREATMENT BENEFITS:**

- 1. DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit A1c).

- a. INITIAL TREATMENT BENEFIT:** Aflac will pay \$1,000 (one thousand dollars) the first time a Covered Person receives one or more of the following: Radiation Therapy Benefits, Injected Chemotherapy Benefits, or Oral Chemotherapy Benefits. Lifetime maximum benefit of \$1,000 per Covered Person.
- b. INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$450 (four hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.
- c. ORAL CHEMOTHERAPY BENEFITS:**
  - (i) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Non-Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

- (ii) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous

Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 (fifty dollars) per Calendar Month, during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include, but are not limited to, Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as Tamoxifen.

**Oral Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. Total benefits are payable for up to three different Oral Chemotherapy medicines per Calendar Month, up to a maximum of \$600 (six hundred dollars) per Calendar Month. Refills within the same Calendar Month, are not considered a different Chemotherapy medicine. No lifetime maximum.**

- d. **RADIATION THERAPY BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- e. **EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer treatments. Aflac will pay \$75 (seventy five dollars) once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer treatments as part of a clinical trial which does not charge patients for inclusion.

Treatments must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the treatment is incurred. No lifetime maximum.

**2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.**

- a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$1,250 (one thousand two hundred fifty dollars) per Covered Person.

**Any medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy Benefit, or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.**

- b. **ANTI-NAUSEA BENEFIT:** Aflac will pay \$75 (seventy five dollars) per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation Therapy Benefits, Injected

Chemotherapy Benefits, Oral Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$5,000 (five thousand dollars) when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$5,000 (five thousand dollars) per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$5,000 (five thousand dollars) when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 (five hundred dollars) for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$5,000 (five thousand dollars) per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$75 (seventy five dollars) times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$125 (one hundred twenty five dollars) for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, anti-hemophilia factors, or colony-stimulating factors. No lifetime maximum.

### 3. **SURGICAL TREATMENT BENEFITS:**

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

**EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit A3b. Reconstructive Surgery will be payable under Benefit C7.**

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$3,125 (three thousand one hundred twenty five dollars). No lifetime maximum on the number of operations.

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for

the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$300 (three hundred dollars). No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 25
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**Surgeries OTHER THAN Laser or Cryosurgery:**

Biopsy	50
Excision of lesion of skin without flap or graft	125
Flap or graft without excision	190
Excision of lesion of skin with flap or graft	300

**B. HOSPITALIZATION BENEFITS:**

**1. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):**

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$150
Dependent Child	\$200

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit B1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$300
Dependent Child	\$350

**EXCEPTION: A person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.**

- 2. OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$150 (one hundred fifty dollars). For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$150 (one hundred fifty dollars). No lifetime maximum on number of operations.

**This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.**

**C. CONTINUING CARE BENEFITS:**

- 1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit B1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation

unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 (seventy five dollars) per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit B1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit B1 and is confined as an inpatient to the Extended Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$75 (seventy five dollars) when a charge is incurred for each such visit, subject to the following conditions:

- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
- b. This benefit is limited to ten visits per hospitalization for each Covered Person.
- c. This benefit is limited to 30 visits in any Calendar Year for each Covered Person.
- d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
- e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**This benefit is not payable the same day the Hospice Care Benefit is payable.**

- 3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition, (hereinafter referred to as "Terminally Ill") Aflac will pay a one-time benefit of \$1,000 (one thousand dollars) for the first day the Covered Person receives Hospice care and \$50 (fifty dollars) per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000 (twelve thousand dollars).
- 4. NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$75 (seventy five dollars) per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the

attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$1,500 (one thousand five hundred dollars) when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$3,000 (three thousand dollars) per Covered Person.

**The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.**

6. **PROSTHESIS NONSURGICAL BENEFIT:** Aflac will pay \$125 (one hundred twenty five dollars) per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$250 (two hundred fifty dollars) per Covered Person.
7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000 (three thousand dollars). No lifetime maximum on number of operations.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	\$3,000
Breast Reconstruction	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

**D. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:**

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** If a Covered Person requires treatment for Cancer or an Associated Cancerous Condition that has been prescribed by the attending Physician, Aflac will pay 50 cents per mile, up to a maximum of \$1,500 (one thousand five hundred dollars) for transportation of the Covered Person and a companion, limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. If commercial travel (coach-class plane, train, or bus fare) is necessary, we will pay for one additional person to accompany the Covered Person. If the treatment is for a covered

Dependent Child and commercial travel is necessary, Aflac will pay for up to two adults to accompany the covered Dependent Child.

**THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

3. **LODGING BENEFIT:** Aflac will pay \$80 (eighty dollars) per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

**E. PREMIUM WAIVER AND RELATED BENEFITS:**

1. **WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

2. **CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions:
  - a. Your policy has been in force for at least six months;
  - b. We have received premiums for at least six consecutive months;
  - c. Your premiums have been paid through payroll deduction;
  - d. You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
  - e. You re-establish premium payments through:
    - (1) your new employer's payroll deduction process, or
    - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**

**(4) Optional Benefits:**

**INITIAL DIAGNOSIS BENEFIT RIDER: (Series A76050) Applied for ☐ Yes ☐ No**

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

**A. INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

**B. INITIAL DIAGNOSIS BUILDING BENEFIT:** Aflac will increase the Initial Diagnosis Benefit by \$500 (five hundred dollars) on each rider anniversary date. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

**C. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$1,000 (one thousand dollars) when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

**D. ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$300 (three hundred dollars) per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

- E. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Year when a charge is incurred for each Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, Multiple Gated Acquisition (MUGA) scans, Positron Emission Tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. These exams must be performed in a Hospital, to include an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**Exceptions, Reductions and Limitations of Rider A76050 Series:**

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

This rider contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of the rider or, at your option, you may elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Benefit and Initial Diagnosis Building Benefit of this rider are not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Cancer or Associated Cancerous Condition (2) Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit or an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

**CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER:(Series A76051)**

Applied for ☐Yes ☐No

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

No diagnosis of either Cancer or an Associated Cancerous Condition is required for benefits A or B to be payable.

- A. CANCER VACCINE BENEFIT:** Aflac will pay \$40 (forty dollars) if a Covered Person incurs a charge for receiving any Cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per Calendar Year.

## B. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac will pay the amount shown in the Policy Schedule, per Calendar Year, when a Covered Person incurs a charge for one of the following:

- mammogram
- breast ultrasound
- breast MRI
- CA15-3
- Pap smear
- ThinPrep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 (forty dollars) when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

- C. **ANNUAL CARE BENEFIT:** Aflac will pay \$500 (five hundred dollars) on the anniversary date of a Covered Person's Internal Cancer diagnosis upon proof that the Covered Person is still under the active care of a Physician. **This benefit is not payable for Associated Cancerous Conditions or Nonmelanoma Skin Cancers.** Lifetime maximum of five annual payments per Covered Person.

## SPECIFIED-DISEASE BENEFIT RIDER: (Series A76052AR) Applied for ☐ Yes ☐ No

This rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for this rider are incorrect or incomplete, then this rider may be voided or claims may be denied. If voided, any premiums for this rider, less any claims paid, will be refunded to you.

**SPECIFIED-DISEASE INITIAL BENEFIT:** While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THIS RIDER.**

## A. HOSPITAL CONFINEMENT BENEFITS:

1. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease or Specified Disease treatment, Aflac will pay \$200 (two hundred dollars) per day.
2. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease or Specified Disease treatment, Aflac will pay benefits as described in Section A1

above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 (five hundred dollars) per day.

"Specified Disease" as used under this benefit means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of the rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s) and/or titer(s). If any of these diseases are diagnosed prior to the rider being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after the rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

**RETURN OF PREMIUM BENEFIT: (Series A76053) Applied for ☐ Yes ☐ No**

Aflac will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \$\_\_\_\_\_. If you surrender this rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

**IMPORTANT! READ CAREFULLY:** This rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for this rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When this rider terminates (is no longer in force), no further premium will be charged for it.

**(5) Exceptions, Reductions and Limitations of the Policy (This is not a daily hospital expense plan.):**

- A.** We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); or any other disease, sickness, or incapacity.
- B.** The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.

**(6) Renewability:** The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.**

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

<i>SERFF Tracking Number:</i>	<i>AFLA-126202569</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>42850</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer Indemnity</i>		
<i>Project Name/Number:</i>	<i>A761ESAR/A761ES</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AFLA-126202569 State: Arkansas  
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42850  
 Company Tracking Number:  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Cancer Indemnity  
 Project Name/Number: A761ESAR/A761ES

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Flesch Certification Approved-Closed 07/10/2009  
**Comments:**  
 The attached filing description letter includes the flesch certification signed by an officer.  
**Attachment:**  
 AR A761es dtg ltri.pdf

**Review Status:**  
**Satisfied -Name:** Application Approved-Closed 07/10/2009  
**Comments:**  
 The following forms, which were previously approved on June 28, 2007, with Cancer Indemnity Policy Form A76100AR, will also be used with Policy Form A761ESAR: Initial Diagnosis Benefit Rider Form A76050, Cancer Screening and Annual Care Benefit Rider A76051, Specified Disease Benefit Rider Form A76052AR, Return of Premium Benefit Rider Form A76053, Payroll Application Forms A76001AR and A76004AR, Nonpayroll Application Forms A76002AR and A76005AR, and Request For Change/Application For Reinstatement And/Or Additions Form A76003RAR approved on October 19, 2007.

The following forms, which were previously approved on June 28, 2007, with Cancer Indemnity Policy Form A77100AR, will also be used with Policy Form A761ESAR: Cancer History Forms A76030D and A76030P will be completed if the applicant has previously had an internal malignancy. Payroll Cancer History Form A76030P will be completed by the applicant and Non-Payroll Cancer History Form A76030D will be completed by the applicant and their physician. Skin Cancer Exclusion Rider A76131AR will be used when an applicant has had skin cancer within the last five years (10 years on nonpayroll). Removal of Skin Cancer Exclusion Rider Form A76130 will be used to remove a skin cancer exclusion rider from the policy if the insured has been Skin Cancer treatment free for five years (10 years on nonpayroll). Endorsement Form A7636 will be used when an applicant has to name a dependent who is incapable of self-support by reason of mental or physical handicap.

**Attachments:**  
 A76000 APPROVAL serff AFLA125155115.pdf  
 A77000 APPROVAL serff AFLA125155153.pdf

**Review Status:**  
**Satisfied -Name:** Outline of Coverage Approved-Closed 07/10/2009

State: Arkansas

Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 42850

*Company Tracking Number:*

<i>TOI:</i>	<i>H071 Individual Health - Specified Disease -</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
	<i>Limited Benefit</i>		

*Product Name:* Cancer Indemnity

Project Name/Number: A761ESAR/A761ES

**Comments:**

The Outline of Coverage is attached here as well as under the forms tab.

**Attachment:**

A76125ESAR.pdf





*Deborah T. Grantham  
AIRC, HIA, ACS  
Second Vice President  
Compliance Department*

July 07, 2009

Mr. Joe Musgrove  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC# 60380

**RE: Cancer Indemnity Policy Form A761ESAR, Union Application Form A76002UAR and Outline of Coverage Form A76125ESAR.**

Dear Mr. Musgrove:

The above referenced forms are submitted for your review and approval. Nebraska, our state of domicile has approved similar versions of these forms on May 21, 2009.

Cancer Indemnity Policy Form A761ESAR is identical to Cancer Indemnity Policy Form A76100AR, which was approved on June 28, 2007, with the exception of lower benefit amounts. The policy contains an Initial Treatment Benefit and multiple other benefits for the treatment of cancer or associated cancerous conditions. The Initial Treatment Benefit will pay \$1,000 the first time a Covered Person receives one of the following: Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy. This policy provides the following benefits: Cancer Treatment, Hospitalization, Continuing Care, Ambulance, Transportation, and Lodging, and Premium Waiver and Related Benefits. Issue ages will be 18-70 on payroll and union and 18-64 on nonpayroll. Please refer to the actuarial memorandum for exceptions.

Union Application Form A76002UAR will be used to make application for Policy Forms A761ESAR and A76100AR, and optional riders on a union basis.

Outline of Coverage Form A76125ESAR will be delivered at the time of application and is self-explanatory.

I certify that the following forms comply with the requirements of Arkansas Statute Annotated-Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

I certify that this submission meets the minimum reading ease score for the FLESCH test and that the scores for each form are as follows:

	<b><u>FLESCH Score</u></b>	<b><u>Grade Level</u></b>
Policy Form A761ESAR	50.385	10
Union Application Form A76002UAR	53.124	9
Outline of Coverage Form A76125ESAR	51.002	9

I certify that the forms submitted herewith meet the applicable provisions of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

**The following forms, which were previously approved on June 28, 2007, with Cancer Indemnity Policy Form A76100AR, will also be used with Policy Form A761ESAR:** Initial Diagnosis Benefit Rider Form A76050, Cancer Screening and Annual Care Benefit Rider A76051, Specified Disease Benefit Rider Form A76052AR, Return of Premium Benefit Rider Form A76053, Payroll Application Forms A76001AR and A76004AR, Nonpayroll Application Forms A76002AR and A76005AR, and Request For Change/Application For Reinstatement And/Or Additions Form A76003RAR approved on October 19, 2007.

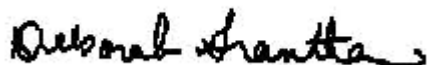
**The following forms, which were previously approved on June 28, 2007, with Cancer Indemnity Policy Form A77100AR, will also be used with Policy Form A761ESAR:** Cancer History Forms A76030D and A76030P will be completed if the applicant has previously had an internal malignancy. Payroll Cancer History Form A76030P will be completed by the applicant and Non-Payroll Cancer History Form A76030D will be completed by the applicant and their physician. Skin Cancer Exclusion Rider A76131AR will be used when an applicant has had skin cancer within the last five years (10 years on nonpayroll). Removal of Skin Cancer Exclusion Rider Form A76130 will be used to remove a skin cancer exclusion rider from the policy if the insured has been Skin Cancer treatment free for five years (10 years on nonpayroll). Endorsement Form A7636 will be used when an applicant has to name a dependent who is incapable of self-support by reason of mental or physical handicap.

An actuarial memorandum and rate sheets are enclosed for your review and approval. These rates will be in addition to the previously approved rates for payroll and nonpayroll. The appropriate filing fee and accompanying fee certification form are enclosed. The FLESCH certification is included in the body of the filing letter which has been signed by an officer.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed for prior approval. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

This filing was prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, fax her at (706) 660-7080 or email her at [cgates@aflac.com](mailto:cgates@aflac.com).

Sincerely,



Deborah T. Grantham  
DTG/CG/cg  
Enclosures

## Disposition for AFLA-125155115

Close

<b>SERFF Tracking Number:</b>	AFLA-125155115	<b>State:</b>	Arkansas
<b>Filing Company:</b>	American Family Life Assurance Company of Columbus	<b>State Tracking Number:</b>	35690
<b>Company Tracking Number:</b>	A76100AR, ET AL		
<b>TOI:</b>	H07I Individual Health - Specified Disease - Limited Benefit	<b>Sub-TOI:</b>	H07I.002A Dread Disease - Cancer Only
<b>Product Name:</b>	Cancer Indemnity		
<b>Project Name:</b>	A76100AR, et al		

Disposition Date: 06/28/2007

Implementation Date:

Status: Approved

Comment:

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program :	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Family Life Assurance Company of Columbus	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

## Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health-Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	A76100AR, Policy/Contract/Fraternal Certificate, Policy		Yes
Form	A76100AR, Policy/Contract/Fraternal Certificate, Policy		No
Form	A76050, Other, Rider		Yes
Form	A76051, Other, Rider		Yes
Form	A76052AR, Other, Rider		Yes
Form	A76052AR, Other, Rider		No
Form	A76053, Other, Rider		Yes
Form	A76125AR, Outline of Coverage, Outline of Coverage		Yes
Form	A76125AR, Outline of Coverage, Outline of Coverage		No
Form	A76001AR, Application/Enrollment Form, Payroll Application		Yes
Form	A76004AR, Application/Enrollment Form, Payroll Application		Yes
Form	A76002AR, Application/Enrollment Form, Nonpayroll Application		Yes
Form	A76005AR, Application/Enrollment Form, Nonpayroll Application		Yes
Form	A76003AR, Application/Enrollment Form, Request for Change/Application for Reinstatement and/or Additions		Yes
Rate	Actuarial Memorandum and Rates		No

Close

## Disposition for AFLA-125155153

Close

<b>SERFF Tracking Number:</b>	AFLA-125155153	<b>State:</b>	Arkansas
<b>Filing Company:</b>	American Family Life Assurance Company of Columbus	<b>State Tracking Number:</b>	35691
<b>Company Tracking Number:</b>	A77100AR, ET AL		
<b>TOI:</b>	H07I Individual Health - Specified Disease - Limited Benefit	<b>Sub-TOI:</b>	H07I.002A Dread Disease - Cancer Only
<b>Product Name:</b>	Cancer Indemnity		
<b>Project Name:</b>	A77100AR, et al		

**Disposition Date:** 06/28/2007**Implementation Date:****Status:** Approved**Comment:**

This submission will remain approved with the effective date of 6/28/07 with the exception of replacement Form 76131 AR which is approved effective on this date, 7/6/07.

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program :	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Family Life Assurance Company of Columbus	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %

## Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health-Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	A77100AR, Policy/Contract/Fraternal Certificate, Policy		Yes
Form	A77100AR, Policy/Contract/Fraternal Certificate, Policy		No
Form	A76030D, Other, Cancer History		Yes
Form	A76030P, Other, Cancer History		Yes
Form	A77001AR, Application/Enrollment Form, Payroll Application		Yes
Form	A77002AR, Application/Enrollment Form, Nonpayroll Application		Yes
Form	A77003AR, Application/Enrollment Form, Request for Change/Application for Reinstatement and/or Additions		Yes
Form	A77125AR, Outline of Coverage, Outline of Coverage		Yes
Form	A76130, Certificate Amendment, Insert Page, Endorsement or Rider, Application to remove Skin Cancer Exclusion Rider		Yes
Form	A76131AR, Certificate Amendment, Insert Page, Endorsement or Rider, Skin Cancer Exclusion Rider		Yes
Form	A76131, Certificate Amendment, Insert Page, Endorsement or Rider, Skin Cancer Exclusion Rider		Yes

Form	A7636, Certificate Amendment, Insert Page, Endorsement or Rider, Endorsement	Yes
Rate	Actuarial Memorandum and Rates	No

Close

# **AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**

**Worldwide Headquarters: 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999**

**TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

**The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.**

## **LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE**

**Outline of Coverage for Policy Form Series A761ES**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

**If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by Aflac.**

- (1) Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.
- (2) Cancer Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).
- (3)** All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

### **A. CANCER TREATMENT BENEFITS:**

- 1. DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit A1c).

- a. INITIAL TREATMENT BENEFIT:** Aflac will pay \$1,000 (one thousand dollars) the first time a Covered Person receives one or more of the following: Radiation Therapy Benefits, Injected Chemotherapy Benefits, or Oral Chemotherapy Benefits. Lifetime maximum benefit of \$1,000 per Covered Person.
- b. INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$450 (four hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.
- c. ORAL CHEMOTHERAPY BENEFITS:**
  - (i) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Non-Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

- (ii) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous

Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 (fifty dollars) per Calendar Month, during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include, but are not limited to, Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as Tamoxifen.

**Oral Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. Total benefits are payable for up to three different Oral Chemotherapy medicines per Calendar Month, up to a maximum of \$600 (six hundred dollars) per Calendar Month. Refills within the same Calendar Month, are not considered a different Chemotherapy medicine. No lifetime maximum.**

- d. **RADIATION THERAPY BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- e. **EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer treatments. Aflac will pay \$75 (seventy five dollars) once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer treatments as part of a clinical trial which does not charge patients for inclusion.

Treatments must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the treatment is incurred. No lifetime maximum.

**2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.**

- a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$1,250 (one thousand two hundred fifty dollars) per Covered Person.

**Any medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy Benefit, or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.**

- b. **ANTI-NAUSEA BENEFIT:** Aflac will pay \$75 (seventy five dollars) per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed while receiving Radiation Therapy Benefits, Injected

Chemotherapy Benefits, Oral Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$5,000 (five thousand dollars) when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$5,000 (five thousand dollars) per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$5,000 (five thousand dollars) when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 (five hundred dollars) for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$5,000 (five thousand dollars) per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$75 (seventy five dollars) times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$125 (one hundred twenty five dollars) for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, anti-hemophilia factors, or colony-stimulating factors. No lifetime maximum.

### 3. **SURGICAL TREATMENT BENEFITS:**

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

**EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit A3b. Reconstructive Surgery will be payable under Benefit C7.**

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$3,125 (three thousand one hundred twenty five dollars). No lifetime maximum on the number of operations.

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for

the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$300 (three hundred dollars). No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 25
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**Surgeries OTHER THAN Laser or Cryosurgery:**

Biopsy	50
Excision of lesion of skin without flap or graft	125
Flap or graft without excision	190
Excision of lesion of skin with flap or graft	300

**B. HOSPITALIZATION BENEFITS:**

**1. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):**

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$150
Dependent Child	\$200

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit B1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$300
Dependent Child	\$350

**EXCEPTION: A person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.**

- 2. OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$150 (one hundred fifty dollars). For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$150 (one hundred fifty dollars). No lifetime maximum on number of operations.

**This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.**

**C. CONTINUING CARE BENEFITS:**

- 1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit B1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation

unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 (seventy five dollars) per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit B1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit B1 and is confined as an inpatient to the Extended Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$75 (seventy five dollars) when a charge is incurred for each such visit, subject to the following conditions:

- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
- b. This benefit is limited to ten visits per hospitalization for each Covered Person.
- c. This benefit is limited to 30 visits in any Calendar Year for each Covered Person.
- d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
- e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

**This benefit is not payable the same day the Hospice Care Benefit is payable.**

- 3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition, (hereinafter referred to as "Terminally Ill") Aflac will pay a one-time benefit of \$1,000 (one thousand dollars) for the first day the Covered Person receives Hospice care and \$50 (fifty dollars) per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000 (twelve thousand dollars).
- 4. NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$75 (seventy five dollars) per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the

attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$1,500 (one thousand five hundred dollars) when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$3,000 (three thousand dollars) per Covered Person.

**The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.**

6. **PROSTHESIS NONSURGICAL BENEFIT:** Aflac will pay \$125 (one hundred twenty five dollars) per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$250 (two hundred fifty dollars) per Covered Person.
7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000 (three thousand dollars). No lifetime maximum on number of operations.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	\$3,000
Breast Reconstruction	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

**D. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:**

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 (two hundred fifty dollars) when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 (two thousand dollars) when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person is confined overnight for Cancer or Associated Cancerous Condition treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** If a Covered Person requires treatment for Cancer or an Associated Cancerous Condition that has been prescribed by the attending Physician, Aflac will pay 50 cents per mile, up to a maximum of \$1,500 (one thousand five hundred dollars) for transportation of the Covered Person and a companion, limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. If commercial travel (coach-class plane, train, or bus fare) is necessary, we will pay for one additional person to accompany the Covered Person. If the treatment is for a covered

Dependent Child and commercial travel is necessary, Aflac will pay for up to two adults to accompany the covered Dependent Child.

**THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

3. **LODGING BENEFIT:** Aflac will pay \$80 (eighty dollars) per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

**E. PREMIUM WAIVER AND RELATED BENEFITS:**

1. **WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

2. **CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions:
  - a. Your policy has been in force for at least six months;
  - b. We have received premiums for at least six consecutive months;
  - c. Your premiums have been paid through payroll deduction;
  - d. You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
  - e. You re-establish premium payments through:
    - (1) your new employer's payroll deduction process, or
    - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**

**(4) Optional Benefits:**

**INITIAL DIAGNOSIS BENEFIT RIDER: (Series A76050) Applied for ☐ Yes ☐ No**

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

**A. INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

**B. INITIAL DIAGNOSIS BUILDING BENEFIT:** Aflac will increase the Initial Diagnosis Benefit by \$500 (five hundred dollars) on each rider anniversary date. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

**C. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$1,000 (one thousand dollars) when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

**D. ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$300 (three hundred dollars) per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

- E. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$200 (two hundred dollars) per Calendar Year when a charge is incurred for each Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, Multiple Gated Acquisition (MUGA) scans, Positron Emission Tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. These exams must be performed in a Hospital, to include an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**Exceptions, Reductions and Limitations of Rider A76050 Series:**

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

This rider contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of the rider or, at your option, you may elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Benefit and Initial Diagnosis Building Benefit of this rider are not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Cancer or Associated Cancerous Condition (2) Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit or an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

**CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER:(Series A76051)**

Applied for ☐Yes ☐No

This rider is issued on the basis that the information shown on the application is correct and complete. If any answers on your application for this rider are incorrect or incomplete, the benefits under this rider will be the lesser of the benefits that you would have been eligible to purchase if a correct or complete answer had been given or your original rider benefit amount. Any overpayment of premium will be refunded to you, less any claims paid.

No diagnosis of either Cancer or an Associated Cancerous Condition is required for benefits A or B to be payable.

- A. CANCER VACCINE BENEFIT:** Aflac will pay \$40 (forty dollars) if a Covered Person incurs a charge for receiving any Cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per Calendar Year.

## B. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac will pay the amount shown in the Policy Schedule, per Calendar Year, when a Covered Person incurs a charge for one of the following:

- mammogram
- breast ultrasound
- breast MRI
- CA15-3
- Pap smear
- ThinPrep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 (forty dollars) when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

- C. **ANNUAL CARE BENEFIT:** Aflac will pay \$500 (five hundred dollars) on the anniversary date of a Covered Person's Internal Cancer diagnosis upon proof that the Covered Person is still under the active care of a Physician. **This benefit is not payable for Associated Cancerous Conditions or Nonmelanoma Skin Cancers.** Lifetime maximum of five annual payments per Covered Person.

## SPECIFIED-DISEASE BENEFIT RIDER: (Series A76052AR) Applied for ☐ Yes ☐ No

This rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for this rider are incorrect or incomplete, then this rider may be voided or claims may be denied. If voided, any premiums for this rider, less any claims paid, will be refunded to you.

**SPECIFIED-DISEASE INITIAL BENEFIT:** While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THIS RIDER.**

## A. HOSPITAL CONFINEMENT BENEFITS:

1. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease or Specified Disease treatment, Aflac will pay \$200 (two hundred dollars) per day.
2. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease or Specified Disease treatment, Aflac will pay benefits as described in Section A1

above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 (five hundred dollars) per day.

"Specified Disease" as used under this benefit means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of the rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s) and/or titer(s). If any of these diseases are diagnosed prior to the rider being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after the rider has been in force two years.

- |   |   |
|---|---|
| • adrenal hypofunction (Addison's disease)                              | • myasthenia gravis                                   |
| • amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)           | • necrotizing fasciitis                               |
| • botulism  | • osteomyelitis                                       |
| • bubonic plague  | • polio   |
| • cerebral palsy  | • rabies  |
| • cholera   | • Reye's syndrome                                     |
| • cystic fibrosis   | • scleroderma   |
| • diphtheria  | • sickle cell anemia                                  |
| • encephalitis (including encephalitis contracted from West Nile virus) | • systemic lupus                                      |
| • Huntington's chorea   | • tetanus   |
| • malaria   | • toxic shock syndrome                                |
| • meningitis (bacterial)  | • tuberculosis  |
| • multiple sclerosis  | • tularemia   |
| • muscular dystrophy  | • typhoid fever                                       |
|   | • variant Creutzfeldt-Jakob disease (mad cow disease) |
|   | • yellow fever  |

**RETURN OF PREMIUM BENEFIT: (Series A76053) Applied for ☐ Yes ☐ No**

Aflac will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \$\_\_\_\_\_. If you surrender this rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

**IMPORTANT! READ CAREFULLY:** This rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for this rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When this rider terminates (is no longer in force), no further premium will be charged for it.

**(5) Exceptions, Reductions and Limitations of the Policy (This is not a daily hospital expense plan.):**

- A.** We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); or any other disease, sickness, or incapacity.
- B.** The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.

**(6) Renewability:** The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.**

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**